ATTY DOCKET NO.: **5051-661** DATE: **January 15, 2004** 

## 10/758165 10/758165 011604

**PATENT** 

## UTILITY PATENT APPLICATION TRANSMITTAL LETTER AND FEE TRANSMITTAL FORM (37 CFR § 1.53(b))

Mail Stop PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:
Transmitted herewith for filing under 37 CFR § 1.53(b) is:
Inventor(s) or Application Identifier: Bruce Hammerberg
Entitled: IMMUNOGLOBULIN DETECTION IN MULTIPLE MAMMALIAN SPECIES
Myers Bigel Sibley & Sajovec, P.A. P. O. Box 37428 Raleigh, North Carolina 27627 Telephone: (919) 854-1400 Facsimile: (919) 854-1401 Customer No. 20792
Enclosed are:  1. Application Transmittal Letter and Fee Transmittal Form (A duplicate is enclosed for fee processing)  2. 14 pages of Specification (including 26 claims)  3. sheets of Formal Drawings (35 USC 113)  4. Oath or Declaration
<ul> <li>a.  newly executed (original or copy)</li> <li>b.  copy from prior application (37 CFR 1.63(d) (for continuation/divisional) [Note Box 6 Below]</li> <li>c.  DELETION OF INVENTOR(S) (Signed statement deleting inventor(s) named in the prior application)</li> <li>5.  Application Data Sheet. See 37 CFR 1.76</li> <li>6.  Incorporation By Reference (useable if box 4b is checked)</li> <li>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated</li> </ul>
by reference therein.  7. Microfiche Computer Program (Appendix)

12. English Transla  13. Certified Copy of the Sequence Listing a. Computer read b. paper copy c. statement in surface An Associate Policy  15. An Associate Policy  16. Return Receipt 17 Deletion of Investigation	tion Document of Applica ag/ Sequence Listi able copy apport ower of Attorney Postcard (MPEP entors(s) (Signed state Request under 35	tion No. ; ing Diskette  503) (Should be speciment attached deleting in 5 U.S.C. 122(b))	amendments prior Filed  pecifically itemized)	to calculating the final application. See 37 CFR 1.63(d)	
	Column 1	Column 2	Small Entity	Large Entity	
BASIC FEE	No. Filed	No. Extra	Rate Fee	Rate Fee	
			\$385.00	\$ 770.00	
TOTAL CLAIMS	<b>26</b> - 20 =	6	x 09 = \$54	x 18 = \$ .	
INDEP CLAIMS	<b>6</b> - 3 =	3	x 43 = \$129	x 86 = \$	
MULTIPLE Depend	dent Claims Prese	+ 145 = \$	+ 290 = \$		
If the difference in Col. 1 is less than zero, Enter "0" in Col. 2			Total \$568	Total \$	
i					
A check in the amo A check in the amo Recordation fee (\$4 Please charge my D The Commissioner i associated with this a. Additional fil b. Additional pa  "Express Mail" mailing lab Date of Deposit: January I hereby certify that this pay Addressee" service under 3 1450, Alexandria, VA 2231 Lyndsey D. Hall, CR Certified Paralegal	unt of \$ is 6.000). Deposit Account Notes authorized communication of the second commu	Responsed to cover to Deposit According to Deposit According to Deposit According fees under the De	re the filing fee, PLU ne amount of \$ rpayments or charge unt No. 50-0220: resentation of extra under 37 CFR 1.17. pectfully submitted neth D. Sibley istration No. 31,66. ESS MAILING States Postal Service "Ex	claims.  ,  press Mail Post Office to	